Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Margaret government-issued picture First Name First Name identification (for example, Alice your driver's license or Middle Name Middle Name passport). Cartwright Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name 3. Only the last 4 digits of xxx - xx - 0 3 8 0your Social Security number or federal OR OR **Individual Taxpayer** Identification number (ITIN) Any business names ✓ I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names

Business name

Business name

Filed 02/12/16 Page 2 of 54 Debtor 1 About Debtor 2 (Spouse Only in a Joint Case): About Debtor 1: Where you live If Debtor 2 lives at a different address: 1105 Angela Ridge Court Number Street Number Street **Kissimmee** FL 34747 State ZIP Code Citv ZIP Code Citv State Osceola County County If your mailing address is different from If Debtor 2's mailing address is different the one above, fill it in here. Note that the from yours, fill it in here. Note that the court court will send any notices to you at this will send any notices to you at this mailing mailing address. address. Number Street Number Street P.O. Box P.O. Box City State ZIP Code City State ZIP Code Why you are choosing Check one: Check one: this district to file for Over the last 180 days before filing this Over the last 180 days before filing this bankruptcy petition, I have lived in this district longer petition, I have lived in this district longer than in any other district. than in any other district. I have another reason. Explain. I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.) **Tell the Court About Your Bankruptcy Case** Part 2: 7. The chapter of the Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing **Bankruptcy Code you** for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. are choosing to file Chapter 7 under Chapter 11 Chapter 12 Chapter 13

Case 6:16-bk-00905-ABB Doc 1 Filed 02/12/16 Page 3 of 54 Debtor 1 I will pay the entire fee when I file my petition. Please check with the clerk's office in your local 8. How you will pay the fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No $\overline{\mathbf{A}}$ bankruptcy within the Yes. last 8 years? When MM / DD / YYYY When Case number _____ MM / DD / YYYY 10. Are any bankruptcy No \square cases pending or being Yes. filed by a spouse who is not filing this case with Debtor you, or by a business When _____ Case number, _____ if known partner, or by an District affiliate? ___ Relationship to you ___ When Case number, _____ MM / DD / YYYY if known 11. Do you rent your \mathbf{V} No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. П

and file it with this bankruptcy petition.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A)

Debtor 1

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First Name Middle Name Last Name

Report About Any Businesses You Own as a Sole Proprietor

12.	Are you a sole proprietor of any full- or part-time business?								
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any Number Street					
13	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			City Check the appropriate box to describe your business Health Care Business (as defined in 11 U.S.C. § Single Asset Real Estate (as defined in 11 U.S.C. § 101(53A) Commodity Broker (as defined in 11 U.S.C. § 10	§ 101(27A)) C. § 101(51B)	ZIP Co	ode		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so a can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach most recent balance sheet, statement of operations, cash-flow statement, and federal income tax re or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).					must attach your come tax return		
	deplor?		No.	I am not filing under Chapter 11.					
	For a definition of small business debtor, see		No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition the Bankruptcy Code.					
	11 U.S.C. § 101(51D).		Yes.	I am filing under Chapter 11 and I am a small busines Bankruptcy Code.	ss debtor acc	ording to t	he definition in the		
Pa	Report If You Ov	vn o	r Hav	e Any Hazardous Property or Any Propert	y That Nee	eds Imm	nediate Attention		
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		No Yes.	What is the hazard?					
	safety? Or do you own any property that needs immediate attention?			If immediate attention is needed, why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property? Number Street					
				City		State	ZIP Code		

Margaret Case 6:16-bk-00905-ABB Doc 1 Filed 02/12/16 Page 5 of 54 First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

П	I am not required to	receive a	a briefing	abou
	credit counseling b			

I have a mental illness or a mental ☐ Incapacity. deficiency that makes me

incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

> through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

- J		
irst Name	Middle Name	Last Nar

P	art 6: Answer These	Question	າs for Reporting Pເ	ırpos	ses				
16.	What kind of debts do you have?	;	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. ✓ Yes. Go to line 17.						
			Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17.						
		16c.	State the type of debts ye	ou ow	e that are not consumer or	busines	s debts.		
17.	Are you filing under Chapter 7?	☑ No	o. I am not filing under	· Chap	oter 7. Go to line 18.				
	Do you estimate that after any exempt property is	☐ Ye	es. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?						
	excluded and administrative expenses		□ No						
	are paid that funds will be available for distribution to unsecured creditors?		Yes						
18.	How many creditors do you estimate that you owe?	50 10	49 0-99 00-199 00-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000		
19.	How much do you estimate your assets to be worth?	□ \$5 ☑ \$1	0-\$50,000 50,001-\$100,000 100,001-\$500,000 500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.	How much do you estimate your liabilities to be?	∑ \$5	0-\$50,000 50,001-\$100,000 100,001-\$500,000 500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
P	art 7: Sign Below								
For	you	I have and co		nd I de	eclare under penalty of per	jury that	the information provided is true		
		or 13 o		•	• •		if eligible, under Chapter 7, 11, 12, nder each chapter, and I choose to		
			If no attorney represents me and I did not pay or agree to pay someone who is an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I reque	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		connec	-	ase ca	in result in fines up to \$250	-	money or property by fraud in imprisonment for up to 20 years,		
			Margaret Alice Cartw garet Alice Cartwright, D			naturo o	f Debtor 2		
			ecuted on 02/12/2016	CDIOI	_	Signature of Debtor 2 Executed on			

MM / DD / YYYY

MM / DD / YYYY

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First Name

Middle Name

Last Nam

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Michael J. Duggar		Date	02/12/2016	
Signature of Attorney for Debtor	_		MM / DD / YYYY	
Michael J. Duggar				
Printed name				
Law Office of Michael J. Duggar				
Firm Name				
20305 Majestic Street				
Number Street				
Orlando, Florida				
City	State		ZIP Code	
Contact phone (321) 251-7766	Email address li	tia8tı	r59@gmail.com	
<u>(==)</u>				
0080306	FL			
Barnumher	State		_	

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Fill in this inf	ormation to identify	your case	e and this filing:			
Debtor 1	Margaret Alic First Name Midd	dle Name	Cartwright Last Name			
Debtor 2	First Name Mid	U. N	Lord Norma			
(Spouse, if filing)		dle Name	Last Name			
	nkruptcy Court for the: MII	DDLE DIST	RICT OF FLORIDA			
Case number (if known)				_	if this is an ed filing	
Official Form						
Schedule A/	B: Property				12/15	
Part 1: De: 1. Do you own o	. On the top of any addition of the Each Resident or have any legal or equition Part 2.	onal pages	ving correct information. If more, write your name and case numing, Land, or Other Real Est in any residence, building, lan	ber (if known). Answer eve	ry question.	
Yes. Wh	nere is the property?					
1.1. 1105 Angela Rid Street address, if availa	Ige Court able, or other description	— Check all ✓ Singl	the property? I that apply. Ie-family home ex or multi-unit building	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the	ms on Schedule D:	
Viccimmos	EI 24747 102	=	dominium or cooperative ufactured or mobile home	entire property? \$155,000.00	portion you own? \$155,000.00	
Kissimmee FL 34747-1924 City State ZIP Code Osceola		Land	stment property eshare	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
County		Ш Who has	an interest in the property?	Fee Simple		
Homestead Legally described as: INDIAN RIDGE, Unit 3, Lot 337, as recorded in Plat Book 5, Pages 155-57, of the Public Records of Osceola County, Florida.		Check or Debt Debt Debt		Check if this is community property (see instructions)		
			formation you wish to add about identification number:	t this item, such as local	_	
			I of your entries from Part 1, inc rite that number here		\$155,000.00	
Part 2: De	scribe Your Vehicles	i				
			in any vehicles, whether they ar, also report it on Schedule G: E	_		
2 Comp women to	rucks, tractors, sport utili	ty vehicles,	motorcycles			
3. Cars, vans, tr	aono, iraoioro, oport aim	•	•			

Case 6:16-bk-00905-ABB Filed 02/12/16 Page 9 of 54 Doc 1 **Alice** Margaret Cartwright Debtor 1 Case number (if known) First Name Middle Name Last Name 3.1. Who has an interest in the property? Do not deduct secured claims or exemptions. Put the Check one. amount of any secured claims on Schedule D: Make: Chrysler Creditors Who Have Claims Secured by Property. ✓ Debtor 1 only Model: Town & Country Debtor 2 only Current value of the Current value of the 2010 Year: entire property? portion you own? Debtor 1 and Debtor 2 only Approximate mileage: 92,000 At least one of the debtors and another \$8,212.00 \$8,212.00 Other information: VIN: 2A4RR5D12AR309404 Check if this is community property (see instructions) Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **☑** No ☐ Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any \$8,212.00 entries for pages you have attached for Part 2. Write that number here..... Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Bedroom #2: Queen size bed, chest, TV (32"), armoire. \$50. Living room: \$500.00 Couch, coffee tables (3), cocktail cabinet, record player. \$150. Washer/dryer. \$200. Miscellaneous small kitchen appliances. \$50. Patio table w/chairs (6). \$50. Most assets in home belong to debtor's daughter and her family. **Electronics** Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games **☑** No Yes. Describe..... Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No \$300.00 Yes. Describe..... Capodemonte figurines (3). \$300 Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No \$0.00 Yes. Describe..... None 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe..... None \$0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... Women's clothing \$75.00

Case 6:16-bk-00905-ABB Doc 1 Filed 02/12/16 Page 10 of 54 Alice Cartwright Debtor 1 Margaret Case number (if known) First Name Middle Name Last Name 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, ☐ No \$100.00 Yes. Describe..... Engagement ring, pearl rings (2), gold necklace, watch, costume jewelry including earrings. \$100 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe..... Dogs (3) \$0.00 14. Any other personal and household items you did not already list, including any health aids you did not list ☐ No Yes. Give specific information...... Walker \$0.00 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have \$975.00 attached for Part 3. Write the number here..... Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your □ No \$0.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No **∀** Yes..... Institution name: 17.1. Checking account: Suntrust Bank **3472 Savings account **3480 \$518.37 17.2. Checking account: UK Lloyd's Of London checking account: **8708 Balance of 440 pounds = \$616 USD \$0.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Yes..... Institution or issuer name:

Case 6:16-bk-00905-ABB Filed 02/12/16 Page 11 of 54 Doc 1 Debtor 1 Margaret Case number (if known) Middle Name First Name 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **№** No ☐ Yes. Give specific information about Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. **☑** No ☐ Yes. Give specific information about them..... Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Pension plan: **UK** pension Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others **☑** No ☐ Yes..... Institution name or individual: 23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years) Yes..... Issuer name and description: 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ₩ No Yes...... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c) 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit **☑** No Yes. Give specific information about them 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property; Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **№** No Yes. Give specific information about them 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses **☑** No Yes. Give specific

information about them

Case 6:16-bk-00905-ABB Filed 02/12/16 Page 12 of 54 Doc 1 Alice Cartwright Margaret Case number (if known) Debtor 1 First Name Middle Name Last Name Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you **№** No Yes. Give specific information Federal: \$0.00 about them, including whether \$0.00 State: you already filed the returns and the tax years..... \$0.00 Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information \$0.00 Alimony: Maintenance: \$0.00 \$0.00 Support: \$0.00 Divorce settlement: \$0.00 Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else **☑** No ☐ Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance **☑** No ☐ Yes. Name the insurance company of each policy Beneficiary: Surrender or refund value: and list its value..... Company name: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died ☐ Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue **☑** No Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims **☑** No 35. Any financial assets you did not already list ☐ Yes. Give specific information

\$518.37

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have

attached for Part 4. Write that number here......

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Debtor 1	Margaret	Alice	Cartwright	Case number (if known)

First Name Middle Name Last Name Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned **№** No ☐ Yes. Describe... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices **☑** No ☐ Yes. Describe.. 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade **☑** No Yes. Describe... 41. Inventory **☑** No ☐ Yes. Describe... 42. Interests in partnerships or joint ventures **№** No ☐ Yes. Describe..... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ Yes. Describe..... 44. Any business-related property you did not already list **☑** No ☐ Yes. Give specific information. 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have \$0.00 attached for Part 5. Write that number here..... Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

$\overline{\mathbf{Q}}$	No.	Go to Part 7.
	Yes.	Go to line 47.

Case 6:16-bk-00905-ABB Doc 1 Filed 02/12/16 Page 14 of 54 **Alice** Cartwright Debtor 1 Margaret Case number (if known) Middle Name First Name Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **☑** No ☐ Yes.... 48. Crops--either growing or harvested **☑** No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade **☑** No ☐ Yes.... 50. Farm and fishing supplies, chemicals, and feed **☑** No Yes.... 51. Any farm- and commercial fishing-related property you did not already list **☑** No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership

\$0.00

☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here.....

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Debtor 1 Margaret Alice Cartwright Case number (if known)
First Name Middle Name Last Name

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2...... \$155,000.00 56. Part 2: Total vehicles, line 5 \$8,212.00 57. Part 3: Total personal and household items, line 15 \$975.00 58. Part 4: Total financial assets, line 36 \$518.37 \$0.00 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 \$0.00 61. Part 7: Total other property not listed, line 54 Copy personal \$9,705.37 62. Total personal property. Add lines 56 through 61..... \$9,705.37 property total 63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$164,705.37

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	ormation to i	dentify your	case:			
Debtor 1	Margaret	Alice	Cartwrig	ht		
Debtor 2	First Name	Middle Nam	e Last Name			
(Spouse, if filing)	First Name	Middle Name	e Last Name			
United States Bar	nkruptcy Court for	r the: MIDDLE	DISTRICT OF FLOI	RIDA		☐ Check if this is an
Case number (if known)						amended filing
Official Form	106C					
Schedule C:	The Prope	erty You Cl	aim as Exemp	ot		12/15
Using the property	you listed on <i>Sch</i> Il out and attach t	nedule A/B: Prop to this page as m	perty (Official Form 106	6A/B) as	your source, list the	esponsible for supplying correct information. e property that you claim as exempt. If more ssary. On the top of any additional pages,
is to state a specif exempted up to th receive certain be exemption of 100%	ic dollar amoun e amount of any nefits, and tax-e 6 of fair market	t as exempt. Al applicable stat xempt retireme value under a la	Iternatively, you may tutory limit. Some ex nt fundsmay be unl	claim the claim the claim tended in the claim	ne full fair market v nssuch as those n dollar amount. H to a particular doll	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an ar amount and the value of the le statutory amount.
Part 1: Ide	ntify the Prop	erty You Cla	aim as Exempt			
1. Which set of	exemptions are	you claiming?	Check one only,	even if y	our spouse is filing	with you.
<u> </u>	=		ukruptcy exemptions. J.S.C. § 522(b)(2)	11 U.S.C	C. § 522(b)(3)	
_	erty you list on S	Schedule A/B th	nat you claim as exer	npt, fill i	n the information	below.
2. For any prope			Current value of		nt of the tion you claim	Specific laws that allow exemption
2. For any proper Brief description of Schedule A/B that			the portion you own	exemp		
Brief description of				Check	only one box for xemption	
Brief description of Schedule A/B that Brief description Homestead Legally describe	lists this proper	rty RIDGE, Unit 3	own Copy the value from Schedule A/B \$155,000.00	Check each e.	\$121,685.86 0% of fair market lue, up to any	Fla. Const. art. X § 4(a)(1); Fla. Stat. Ann. §§ 222.01, .02
Brief description of Schedule A/B that Brief description Homestead	ed as: INDIAN rded in Plat Boublic Records (RIDGE, Unit 3 ook 5, Pages	own Copy the value from Schedule A/B \$155,000.00	Check each e.	\$121,685.86 10% of fair market lue, up to any plicable statutory	

Official Form 106C

Yes

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Debtor 1 Margaret Alice Cartwright Case number (if known) Last Name

Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description 2010 Chrysler Town & Country (approx. 92000 miles) VIN: 2A4RR5D12AR309404 Line from Schedule A/B:3.1	\$8,212.00		\$0.00 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1)
Brief description Bedroom #2: Queen size bed, chest, TV (32"), armoire. \$50. Living room: Couch, coffee tables (3), cocktail cabinet, record player. \$150. Washer/dryer. \$200. Miscellaneous small kitchen appliances. \$50. Patio table w/chairs (6). \$50.	\$500.00		\$500.00 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Most assets in home belong to debtor's daughter and her family. Line from Schedule A/B: 6				
Brief description Capodemonte figurines (3). \$300	\$300.00	\square	\$300.00 100% of fair market	Fla. Const. art. X, § 4(a)(2)
Line from Schedule A/B:8			value, up to any applicable statutory limit	
Brief description Women's clothing	\$75.00	V	\$75.00 100% of fair market	Fla. Const. art. X, § 4(a)(2)
Line from Schedule A/B:11			value, up to any applicable statutory limit	
Brief description Engagement ring, pearl rings (2), gold necklace, watch, costume jewelry including earrings. \$100 Line from Schedule A/B:12	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Brief description Walker	\$0.00	☑	\$0.00 100% of fair market	Fla. Stat. Ann. § 222.25(2)
Line from Schedule A/B:14			value, up to any applicable statutory limit	
Brief description Suntrust Bank **3472 Savings account **3480	\$518.37		\$25.00 100% of fair market value, up to any applicable statutory	Fla. Const. art. X, § 4(a)(2)
Line from Schedule A/B:			limit	
Brief description UK pension Line from Schedule A/B:21	Unknown		\$0.00 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.21(1)

	Case 6:16-0	K-00905-ABB	DOC 1 FIII	ed 02/12/16	Page 18 of 54	
Fill in this info	ormation to iden	tify your case:				
Debtor 1	Margaret First Name	Alice Middle Name	Cartwright Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	—		
United States Bar	nkruptcy Court for the:	MIDDLE DISTRIC	T OF FLORIDA			
Case number (if known)					Check if this is amended filing	
Official Form	106D Creditors Wh	oo Hayo Claim	se Socured b	y Proporty		12/15
correct informatio On the top of any 1. Do any credit No. Che Yes. Fill	on. If more space is radditional pages, wr additional pages, wr fors have claims second ck this box and submit in all of the information	needed, copy the Adite your name and cured by your proper this form to the country below.	ditional Page, fill it ase number (if kno	t out, number the e wn).	ually responsible for sup ntries, and attach it to thi nothing else to report on th	is form.
2. List all secure claim, list the creditor has a	ed claims. If a creditor creditor separately for particular claim, list the ible, list the claims in see.	or has more than one each claim. If more ne other creditors in F	than one Part 2. As	Column A Amount of clain Do not deduct th value of collatera	e that supports this	Column C Unsecured portion If any
2.1		Describe the presecures the claim		\$12,850.5	\$8,212.00	\$4,638.56
Ally Creditor's name Post Office Box Number Street	380902	— VIN: 2A4RR5I —	D12AR309404			
Check if this c	Debtor 2 only the debtors and anoth claim relates ty debt	Contingent Unliquidated Disputed Nature of lien. An agreeme Statutory lien Judgment lie	Check all that apply nt you made (such a n (such as tax lien, ren from a lawsuit ding a right to offset)	r. as mortgage or secu nechanic's lien)		
Date debt was inc	urred	Last 4 digits of	account number	9 4 4 1		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$12,850.56

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Alice Cartwright Debtor 1 Margaret Case number (if known) Middle Name First Name Last Name Column A Column B Column C **Additional Page** Amount of claim **Unsecured** Value of collateral Part 1: After listing any entries on this page, number them portion Do not deduct the that supports this sequentially from the previous page. value of collateral claim If any Describe the property that 2.2 \$155,000.00 \$33,314.14 secures the claim: **Bank of America Home Loans** Homestead Creditor's name P.O. Box 27052 Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated Tampa 33623-7052 State ZIP Code □ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) ☐ Check if this claim relates

4 9 9

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$33,314.14

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$46,164.70

to a community debt

Date debt was incurred

Interest only

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Fill in this inf	ormation to iden			
Debtor 1	Margaret First Name	Alice Middle Name	Cartwright Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the			
Case number (if known)				Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?
 - No. Go to Part 2.
 - ☐ Yes.
- 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

ion bookict.		
Total claim	Priority	Nonpriority
	amount	amount

Case 6:16-bk-00905-ABB Doc 1 Filed 02/12/16 Page 21 of 54 Debtor 1 Margaret Cartwright Case number (if known) First Name Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with you other schedules. $\overline{\mathbf{V}}$ Yes List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2. Total claim 4.1 \$12,905.00 Last 4 digits of account number **Bank of America** 2 5 0 9 Nonpriority Creditor's Name When was the debt incurred? Post Office Box 982235 Street As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed El Paso 79998-2235 TX City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only П Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes 4.2 \$529.35 **David's Bridal** Last 4 digits of account number 4 8 6 6 Nonpriority Creditor's Name When was the debt incurred? c/o Comenity Bank Number Street As of the date you file, the claim is: Check all that apply. Post Office Box 182125 Contingent Unliquidated ☐ Disputed Columbus OH 43218 City State ZIP Code Type of NONPRIORITY unsecured claim:

Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No

Yes

Case 6:16-bk-00905-ABB Doc 1 Filed 02/12/16 Page 22 of 54 Debtor 1 Margaret Cartwright Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.3 \$1,463.00 Last 4 digits of account number Regions Bank Nonpriority Creditor's Name When was the debt incurred? Post Office Box 11007 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Birmingham AL 35288 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Purchase Money** Is the claim subject to offset? **№** No ☐ Yes \$5,767.00 **Regions Consumer Bankcard** Last 4 digits of account number 7 5 8 3 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 11007 Number As of the date you file, the claim is: Check all that apply. Street Contingent Unliquidated Disputed **Birmingham** ΑL 35288-0001 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? ✓ No Yes \$529.00

Sam's Club Mastercard Last 4 digits of account number 4 8 6 6

Nonpriority Creditor's Name When was the debt incurred? c/o Synchrony Bank As of the date you file, the claim is: Check all that apply. P.O. Box 965009 Contingent Unliquidated Disputed Orlando FL 32896-5009

Type of NONPRIORITY unsecured claim:

State Who incurred the debt? Check one.

ZIP Code

Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset? ✓ No

☐ Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

Yes

City

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Debtor 1	Margaret	Alice	Cartwright	Case number (if known)					
	First Name	Middle Name	Last Name						
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continua	ation Page					
After listing previous previou	•	on this page, number the	em sequentially from the		Total claim				
4.6					\$5,532.00				
	Credit Card		Last 4 digits of account	number <u>2</u> <u>3</u> <u>5</u> <u>6</u>					
	Creditor's Name hrony Bank		When was the debt incu	rred?					
Number	Street		As of the date you file, the claim is: Check all that apply.						
Post Offi	ce Box 96502	2	Contingent						
			Unliquidated						
		-	Disputed						
Orlando		FL 32896-5022 State ZIP Code							
City Who inclu	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY ι	ınsecured claim:					
	r 1 only	Official official	Student loans						
	r 2 only			ut of a separation agreement or divorce					
_	r 1 and Debtor 2	only	that you did not repor	. ,					
At least one of the debtors and another				rofit-sharing plans, and other similar debts					
☐ Check	cif this claim is	for a community debt	Other. Specify Credit Card						
Is the clai	m subject to of	fset?							
☑ No									
☐ Yes									

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Debtor 1	Margaret	Alice	Cartwright	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 3:	List Others	to Be Notified Al	oout a Debt That You	ı Already Listed	

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Regions Bank Consumer Collections			On which entry in Part 1 or Part 2 did you list the original creditor?		
Name Drawer 550			Line 4.4 of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims		
Number Street Post Office Box 114	07		Part 2: Creditors with Nonpriority Unsecured Claims		
Birmingham	AL	35246-8651	— Last 4 digits of account number		
City	State	ZIP Code			

Debtor 1 Margaret Alice Cartwright Case number (if known) Last Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} -	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. -	\$26,725.35
	6j.	Total. Add lines 6f through 6i.	6j.	\$26,725.35

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Fill in this inf	ormation to ide			
Debtor 1	Margaret First Name	Alice Middle Name	Cartwright Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for th			
Case number (if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill	in this inf	ormation to i	dentify your case:			
Debt		Margaret	Alice	Cartwright		
		First Name	Middle Name	Last Name		
Debt (Spo	or 2 use, if filing)	First Name	Middle Name	Last Name		
		nkrupicy Court to	r the: MIDDLE DISTE	RICT OF FLORIDA		
1	e number nown)				_	ck if this is an nded filing
0.00		40011				
	ial Form					
Sch	edule H:	Your Code	ebtors			12/1
neede page.	d, copy the On the top	Additional Page	, fill it out, and numbe al Pages, write your na	er the entries in the boxe	ng correct information. If more is on the left. Attach the Addition known). Answer every question spouse as a codebtor.)	nal Page to this
	□ No	uny coucatoro	(ii you are iiiiiig a joi		product do d codobio,	
					ritory? (Community property state, Texas, Washington, and Wiscor	
<u> </u>	No. Go t Yes. Dic No No Yes	l your spouse, for	mer spouse, or legal e	quivalent live with you at	he time?	
p c	n Column 1, erson show reditor on S	list all of your con in line 2 again according to the contract of the contract	as a codebtor only if	that person is a guarant dule E/F (Official Form	debtor if your spouse is filing wor or cosigner. Make sure you l 06E/F), or <i>Schedule G</i> (Official	nave listed the
	Column 1:	Your codebtor			Column 2: The creditor to	whom you owe the debt
					Check all schedules that ap	plv:
3.1	Ardelle A	Laming				, ,
3.1	Name				- Schedule D, line 2	2.2
	Number	jela Ridge Cou Street	<u>rt</u>		Schedule E/F, line	
					_ Schedule G, line	
	Kissimm City	ee	FL State	34747-1924 ZIP Code	Bank of America Home	Loans
3.2	Ardelle A	. Laming			- ☑ Schedule D, line 2	1
	1105 Ang	jela Ridge Cou	rt		Schedule E/F, line	
	Number	Street			Schedule G, line	
	Kissimm	00	FL	34747	Ally	
	City		State	ZIP Code	_	

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Fill in this information		A VOUR CASE:	5 5001 1	1100 02		1 ago 20 01 0 1
		Alice	Cartwria	h t		
	argaret st Name	Middle Name	Cartwrig Last Name	nt	Che	ck if this is:
Debtor 2						An amended filing
(Spouse, if filing) First	st Name	Middle Name	Last Name		-	A supplement showing postpetition
United States Bankrupto	y Court for the:	MIDDLE DIS	TRICT OF FLOR	IDA	🗖	chapter 13 income as of the following of
Case number (if known)				_		MM / DD / YYYY
Official Form 106l						
Schedule I: Your	Income					12
nclude information about about your spouse. If mor your name and case numb	your spouse. I	f you are separ ded, attach a se Answer every o	ated and your spo	use is no	t filing with y	spouse is living with you, ou, do not include information any additional pages, write
. Fill in your employme information.						
If you have more than			Debtor 1			Debtor 2 or non-filing spouse
job, attach a separate property with information about	page Emplo	yment status	☐ Employed✓ Not employed	ed.		☐ Employed ☐ Not employed
additional employers.	Occup	ation				
Include part-time, seas or self-employed work.	onal,	yer's name				-
• •	-	yo. o namo				_
Occupation may includ student or homemaker applies.		yer's address	Number Street			Number Street
			City	Stat	e Zip Code	City State Zip Cod
	How Id	ong employed t	here?			
David Oire Date	'l- Al		_			
	ils About Mo					
Estimate monthly income non-filing spouse unless you	-	ou file this forr	n. If you have noth	ing to rep	ort for any line	, write \$0 in the space. Include your
,	use have more t		er, combine the info	ormation fo	or all employe	rs for that person on the lines below. If
				For	Debtor 1	For Debtor 2 or non-filing spouse
 List monthly gross was payroll deductions). If would be. 				2	\$0.00	
B. Estimate and list mon	thly overtime p	ay.		3. + _	\$0.00	
I. Calculate gross incor	ne. Add line 2	+ line 3.		4.	\$0.00	

Official Form 106l Schedule I: Your Income page 1

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Cartwright Debtor 1 Margaret Case number (if known) Middle Name Last Name First Name For Debtor 1 For Debtor 2 or non-filing spouse \$0.00 Copy line 4 here List all payroll deductions: \$0.00 5a. Tax, Medicare, and Social Security deductions 5a \$0.00 5b. Mandatory contributions for retirement plans 5b. \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e **Domestic support obligations** 5f. \$0.00 5g. Union dues 5g. \$0.00 5h. Other deductions. \$0.00 Specify: 5h.+ Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 6. \$0.00 5g + 5h.Calculate total monthly take-home pay. 7. Subtract line 6 from line 4. \$0.00 List all other income regularly received: 8a. Net income from rental property and from operating a 8a \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b \$0.00 8c. Family support payments that you, a non-filing spouse, or a \$0.00 dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e \$0.00 Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: \$0.00 8q. Pension or retirement income 8g. \$560.00 8h. Other monthly income. 8h. Specify: \$0.00 **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$560.00 10. Calculate monthly income. Add line 7 + line 9. \$560.00 \$560.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12. \$560.00 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies. monthly income

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Debtor 1	Margaret	Alice	Cartwright	Case number (if known)		
	First Name	Middle Name	Last Name			
13. Do you expect an increase or decrease within the year after you file this form?						
$ \overline{\checkmark} $	No.	None.				
	Yes. Explain:					

Official Form 106l Schedule I: Your Income page 3

		Case 6:16-bk	-00905-ABB D0C	1 Filed 02/12/16	Page 31 of 54	4
F	ill in this inforr	nation to identi	fy your case:		Check if this is:	
	Debtor 1	Margaret First Name		rtwright	An amended filing A supplement show	ving postpetition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name Last	Name	chapter 13 expense following date:	
		ruptcy Court for the	MIDDLE DISTRICT OF	FLORIDA	MM / DD / YYYY	
	Case number (if known)	-				
Of	fficial Form 10	06J				
S	chedule J: Y	our Expense	S			12/15
	Part 1: Describe Is this a joint case No. Go to ling Yes. Does I No. Yes	ibe Your House se? ne 2. Debtor 2 live in a se ss. Debtor 2 must fil	ehold eparate household? e Official Form 106J-2, Expen	ses for Separate Househol	d of Debtor 2.	
2.	Do you have dep		No Yes. Fill out this information for each dependent		ship to Dependen age	t's Does dependent live with you?
	Debtor 2. Do not state the conames.	lependents'				No Yes Yes No Yes Yes No Yes

3. Do your expenses include

expenses of people other than yourself and your dependents?

✓ No

Yes

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Debtor 1	Margaret	Alice	Cartwright	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

	lude expenses paid for with non-cash government assistance if you know the value of ch assistance and have included it on Schedule I: Your Income (Official Form 106I.)	Your expens	ses		
4.	The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.	4	\$92.02		
	f not included in line 4:				
	4a. Real estate taxes	4a			
	4b. Property, homeowner's, or renter's insurance	4b	\$192.00		
	4c. Home maintenance, repair, and upkeep expenses	4c			
	4d. Homeowner's association or condominium dues	4d.			

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Debtor 1 Margaret Alice Cartwright Case number (if known)
First Name Middle Name Last Name

		Your expenses			
5.	Additional mortgage payments for your residence, such as home equity loans	5.			
6.	Utilities:				
	6a. Electricity, heat, natural gas	6a.			
	6b. Water, sewer, garbage collection	6b			
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c			
	6d. Other. Specify:	6d			
7.	Food and housekeeping supplies	7.			
8.	Childcare and children's education costs	8.			
9.	Clothing, laundry, and dry cleaning	9.			
10.	Personal care products and services	10.			
11.	Medical and dental expenses	11			
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.			
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.			
14.	Charitable contributions and religious donations	14.			
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.				
	15a. Life insurance	15a.			
	15b. Health insurance	15b			
	15c. Vehicle insurance	15c			
	15d. Other insurance. Specify:	15d			
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.			
17.	Installment or lease payments:				
	17a. Car payments for Vehicle 1	17a	\$356.86		
	17b. Car payments for Vehicle 2	17b			
	17c. Other. Specify:	17c			
	17d. Other. Specify:	17d			
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.			
19.	Other payments you make to support others who do not live with you. Specify:	19.			

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Debt	or 1	Margaret	Alice	Cartwright	Case number (if know	n)	
		First Name	Middle Name	Last Name			
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.						
	20a.	Mortgages on of	ther property		20a.		
	20b.	Real estate taxe	es		20b.		
	20c.	Property, homeo	owner's, or renter's insurar	nce	20c.		
	20d.	Maintenance, re	epair, and upkeep expense	es	20d.		
	20e.	Homeowner's as	ssociation or condominium	n dues	20e.		
21.	Othe	er. Specify:			21.	+	
22.	Calc	ulate your month	ıly expenses.				
	22a.	Add lines 4 thro	ugh 21.		22a.	\$640.88	
	22b.	Copy line 22 (m	onthly expenses for Debto	or 2), if any, from Official Form	106J-2. 22b.		
	22c.	Add line 22a an	d 22b. The result is your r	monthly expenses.	22c.	\$640.88	
23.	Calculate your monthly net income.						
	23a. Copy line 12 (your combined monthly income) from Schedule I.					\$560.00	
	23b.	Copy your mont	thly expenses from line 22	c above.	23b. ·	\$640.88	
	23c.		onthly expenses from you ur monthly net income.	r monthly income.	23c.	(\$80.88)	
24.	Do you expect an increase or decrease in your expenses within the year after you file this form?						
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
		No. Yes. Explain here None.	<u>-</u> e:				

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	Case 0.1	.U-DK-UU3U3-AL		112/10 Fage 33 01 3	4
ll in this inf	ormation to i	dentify your case	:		
ebtor 1	Margaret	Alice	Cartwright		
	First Name	Middle Name	Last Name		
	First Name	Middle Name	Last Name		
ited States Ba	nkruptcy Court fo	r the: MIDDLE DIST	RICT OF FLORIDA		
				☐ Check if amende	this is an d filing
mmary of	Your Asse	ets and Liabilit	ties and Certain Stat	istical Information	12/15
		-	fill out a new Summary and ch		Your assets Value of what you own
Schedule A/B	: Property (Officia	al Form 106A/B)			
1a. Copy line	e 55, Total real es	state, from Schedule A	√B		\$155,000.00
1b. Copy line	e 62, Total persor	nal property, from Sche	edule A/B		\$9,705.37
1c. Copy line	e 63, Total of all p	property on Schedule A	\/B		\$164,705.37
art 2: Su	mmarize You	r Liabilities			
					Your liabilities Amount you owe
		,	, , ,	page of Part 1 of Schedule D	\$46,164.70
				edule E/F	\$0.00
3b. Copy the	total claims from	n Part 2 (nonpriority un	secured claims) from line 6j of S	Schedule E/F	\$26,725.35
				Your total liabilities	\$72,890.05
art 3: Su	mmarize You	r Income and Exp	penses		
	ebtor 1 ebtor 2 eptor 2 ented States Ba ase number known) ficial Form Immary of as complete an rect information edules after you art 1: Su Schedule A/B 1a. Copy line 1b. Copy line 1c. Copy line 1c. Copy line 2a. Copy the Schedule E/F 3a. Copy the 3b. Copy the 3b. Copy the	ill in this information to interest of the sector 1 Septor 2 Spouse, if filing) First Name Inited States Bankruptcy Court for ase number known) Immary of Your Assert as complete and accurate as prect information. Fill out all of redules after you file your originant 1: Summarize Your Schedule A/B: Property (Official 1a. Copy line 55, Total real estable 1b. Copy line 62, Total personant 1c. Copy line 63, Total of all part 2: Summarize Your Schedule D: Creditors Who Hase 2a. Copy the total you listed in Schedule E/F: Creditors Who Hase 2a. Copy the total claims from 3b. Copy the 4b. Cop	art 1: Summarize Your Assets Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 62, Total personal property, from Schedule A/B: Summarize Your Liabilities 1c. Copy line 63, Total of all property on Schedule A/B: Copy the total claims from Part 1 (priority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect) as Copy the total claims from Part 2 (nonpriority unsect).	Alice Cartwright First Name Middle Name Last Name abbtor 2 pouse, if filling) First Name Middle Name Last Name Assenumber Assenumb	Alice Cartwright First Name Middle Name Last Name abbot 2 pouse, if filing) First Name Middle Name Last Name hited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA ase number known) Check if amende

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$640.88

Case 6:16-bk-00905-ABB Filed 02/12/16 Page 36 of 54 Doc 1 **Alice** Cartwright Debtor 1 Margaret Case number (if known) First Name Part 4: **Answer These Questions for Administrative and Statistical Records** Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. \mathbf{V} Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. From the Statement of Your Current Monthly Income: Copy your total current monthly income from \$600.00 Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations. (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

Total claim

50.00

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9g. Total. Add lines 9a through 9f.

\$0.00

	Case 6:1	6-bk-00905-ABB	Doc 1	Filed 02/	12/16	Page 37	of 54	
Fill in this info	ormation to i	dentify your case:						
Debtor 1	Margaret First Name	Alice Middle Name	Cartwrigh Last Name	t				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court fo	r the: MIDDLE DISTRIC	CT OF FLOR	IDA				
Case number (if known)				_		_	Check if this is mended filing	
Official Form	106Dec							
Declaration	About an I	ndividual Debto	r's Sched	ules				12/15
If two married peo	ple are filing to	gether, both are equally	responsible f	or supplying c	orrect info	ormation.		
You must file this concealing proper	form whenever	gether, both are equally you file bankruptcy sch money or property by fi to 20 years, or both. 18	edules or ame	ended schedul ction with a ba	es. Makin ankruptcy	g a false stat		p to
You must file this concealing proper \$250,000, or impris	form whenever	you file bankruptcy sch money or property by fi	edules or ame	ended schedul ction with a ba	es. Makin ankruptcy	g a false stat		p to
You must file this concealing proper \$250,000, or imprises Sig	form whenever rty, or obtaining sonment for up In Below	you file bankruptcy sch money or property by fi	edules or ame raud in conne U.S.C. §§ 152	ended schedul ction with a ba 2, 1341, 1519, a	es. Makin ankruptcy and 3571.	g a false stat case can res		p to
You must file this concealing proper \$250,000, or imprises Sig	form whenever rty, or obtaining sonment for up In Below	you file bankruptcy sch money or property by fi to 20 years, or both. 18	edules or ame raud in conne U.S.C. §§ 152	ended schedul ction with a ba 2, 1341, 1519, a	es. Makin ankruptcy and 3571.	g a false stat case can res		p to
You must file this concealing proper \$250,000, or impris	form whenever ty, or obtaining sonment for up	you file bankruptcy sch money or property by fi to 20 years, or both. 18	edules or ame raud in conne U.S.C. §§ 152	ended schedul ction with a ba 2, 1341, 1519, a	es. Makin ankruptcy and 3571. bankrupt	g a false stat case can resi cy forms?	ult in fines u	p to eparer's Notice, ficial Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X	/s/ Margaret Alice Cartwright	X
	Margaret Alice Cartwright, Debtor 1	Signature of Debtor 2
	Date <u>02/12/2016</u> MM / DD / YYYY	Date MM / DD / YYYY

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		Case 0.1	0-DK-00303-ADI	5 DOCT	1 1160 02/12/10	rage 30 or 3	+
Fill	l in this inf	ormation to i	dentify your case:				
Deb	otor 1	Margaret	Alice	Cartwrigh	nt		
		First Name	Middle Name	Last Name			
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name			
Uni	ted States Ba	nkruptcy Court fo	r the: MIDDLE DISTR	ICT OF FLOR	IDA		
	se number (nown)				_	Check if amended	this is an d filing
	cial Form tement o		Affairs for Indi	viduals Fi	ling for Bankru	ptcy	12/
		ve Details Abo		tatus and Wi	here You Lived Be	fore	
••	☐ Married	carrent maritar.	natus :				
	☐ Not marrie	ed					
2.	During the la	st 3 years, have	you lived anywhere ot	her than where	you live now?		
	☑ No ☐ Yes. List	all of the places	ou lived in the last 3 ye	ears. Do not inc	lude where you live now	'.	
	Debtor 1:			es Debtor 1 d there	Debtor 2:		Dates Debtor 2 lived there
	(Community p	•	•	• •	uivalent in a communit Idaho, Louisiana, Neva		•
	Mo ☐ Yes. Mak	e sure you fill ou	: Schedule H: Your Cod	lebtors (Official	Form 106H).		

Case 6:16-bk-00905-ABB Doc 1 Filed 02/12/16 Page 39 of 54 Alice Cartwright Debtor 1 Margaret Case number (if known) Middle Name First Name Last Name **Explain the Sources of Your Income** Part 2: Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. **№** No Yes. Fill in the details. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. □ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income **Gross income Gross income** Describe below. Describe below. from each source from each source (before deductions (before deductions and exclusions and exclusions **UK** pension \$600.00 From January 1 of the current year until the date you filed for bankruptcy: UK pension \$7,200.00 For the last calendar year:

UK pension

\$7,200.00

(January 1 to December 31, 2015)

For the calendar year before that: (January 1 to December 31, **2014**)

Case 6:16-bk-00905-ABB Filed 02/12/16 Page 40 of 54 Doc 1 **Alice** Cartwright Debtor 1 Margaret Case number (if known) First Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? ☐ No. Go to line 7. Tyes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Tyes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony. **☑** No ☐ Yes. List all payments to an insider. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. **☑** No ☐ Yes. Fill in the details. Court or agency Nature of the case Status of the case

Case 6:16-bk-00905-ABB Filed 02/12/16 Page 41 of 54 Doc 1 **Alice** Debtor 1 Margaret Case number (if known) First Name Middle Name Last Name 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ☐ No. Go to line 11. Yes. Fill in the information below. Describe the property Date Value of the property 2010 Chrysler Town & Country Ally 2/5/2016 \$8,212.00 Creditor's Name Explain what happened Property was foreclosed. ☐ Property was garnished. **Bloomington** Property was attached, seized, or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? **№** No Yes. Fill in the details. 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? **☑** No ☐ Yes Part 5: **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? **☑** No Yes. Fill in the details for each gift. 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? **☑** No Yes. Fill in the details for each gift or contribution. Part 6: **List Certain Losses** 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? **☑** No ☐ Yes. Fill in the details.

Case 6:16-bk-00905-ABB Doc 1 Filed 02/12/16 Page 42 of 54 **Alice** Cartwright Debtor 1 Margaret Case number (if known) First Name Middle Name Last Name Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy. Yes. Fill in the details. Description and value of any property transferred Date payment Amount of or transfer was payment Filing fee paid Law Office of Michael J. Duggar made Person Who Was Paid 20305 Majestic Street 02/12/2016 \$310.00 Number Street Orlando 32833 City Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. **☑** No ☐ Yes. Fill in the details. 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **⋈** No ☐ Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which

you are a beneficiary? (These are often called asset-protection devices.)

☐ Yes. Fill in the details.

Case 6:16-bk-00905-ABB Doc 1 Filed 02/12/16 Page 43 of 54 Cartwright Debtor 1 Margaret Case number (if known) First Name Middle Name Last Name Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. □ No Yes. Fill in the details. Last 4 digits of account Type of account or Date account Last balance instrument number was closed, before closing or transfer sold, moved, or transferred **Regions Bank** Name of Financial Institution \$2.00 Checking June 2015 \square Savings \square Number Street Money market П Brokerage Other Kissimmee City 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **☑** No ☐ Yes. Fill in the details. 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ☐ Yes. Fill in the details. Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

Official Form 107

☑ No

☐ Yes. Fill in the details.

Case 6:16-bk-00905-ABB Filed 02/12/16 Page 44 of 54 Doc 1 Cartwright Debtor 1 Margaret Case number (if known) First Name Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **☑** No ☐ Yes. Fill in the details. 25. Have you notified any governmental unit of any release of hazardous material? **№** No ☐ Yes. Fill in the details. 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. **№** No ☐ Yes. Fill in the details. Give Details About Your Business or Connections to Any Business Part 11: 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation

☐ Yes. Fill in the details below.

No. None of the above applies. Go to Part 12.

all financial institutions, creditors, or other parties.

Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include

Filed 02/12/16 Page 45 of 54 Case 6:16-bk-00905-ABB Doc 1 Alice Cartwright Debtor 1 Margaret Case number (if known) Middle Name First Name Last Name Sign Below Part 12: I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Margaret Alice Cartwright Signature of Debtor 2 Margaret Alice Cartwright, Debtor 1 02/12/2016 Date Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? **☑** No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of person

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA ORLANDO DIVISION

In ı	re Margaret Alice Cartwright	Case No.			
		Chapter	13		
	DISCLOSURE OF COMPENSATION	OF ATTORNEY FOR	DEBTOR		
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certithat compensation paid to me within one year before the filing of the services rendered or to be rendered on behalf of the debtor(s) in c is as follows:	he petition in bankruptcy, or	agreed to be paid to me, for		
	For legal services, I have agreed to accept	\$4	4,500.00		
	Prior to the filing of this statement I have received		\$0.00		
	Balance Due		4,500.00		
2.	The source of the compensation paid to me was: ☐ Other (specify)				
3.	The source of compensation to be paid to me is:				
	✓ Debtor ☐ Other (specify)				
4.	✓ I have not agreed to share the above-disclosed compensation associates of my law firm.	n with any other person unle	ss they are members and		
	☐ I have agreed to share the above-disclosed compensation wit associates of my law firm. A copy of the agreement, together compensation, is attached.				
5.	In return for the above-disclosed fee, I have agreed to render lega	al service for all aspects of th	e bankruptcy case, including:		
	a. Analysis of the debtor's financial situation, and rendering advice bankruptcy;	e to the debtor in determinin	g whether to file a petition in		
	b. Preparation and filing of any petition, schedules, statements of	affairs and plan which may b	pe required;		
	c. Representation of the debtor at the meeting of creditors and co	onfirmation hearing, and any	adjourned hearings thereof;		

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/12/2016 /s/ Michael J. Duggar

Date Michael J. Duggar

Michael J. Duggar Law Office of Michael J. Duggar 20305 Majestic Street

Orlando, Florida

Phone: (321) 251-7766 / Fax: (321) 226-0244

Bar No. 0080306

Isl	Margaret	Alice	Cartwright
131	mai gai ct	Alloc	Cartwright

Margaret Alice Cartwright

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UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA ORLANDO DIVISION

IN RE: Margaret Alice Cartwright CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

	The above named Debtor hereby	verifies that th	e attached list o	of creditors is	true and correc	t to the best of	f his/her
know	edge.						

Date	2/12/2016		/s/ Margaret Alice Cartwright Margaret Alice Cartwright
Date		Signature	

Ally
Post Office Box 380902
Bloomington, MN 55438-0902

Ardelle A. Laming 1105 Angela Ridge Court Kissimmee, FL 34747-1924

Ardelle A. Laming 1105 Angela Ridge Court Kissimmee, FL 34747

Bank of America Post Office Box 982235 El Paso, TX 79998-2235

Bank of America Home Loans P.O. Box 27052 Tampa, FL 33623-7052

David's Bridal c/o Comenity Bank Post Office Box 182125 Columbus, OH 43218

Regions Bank
Post Office Box 11007
Birmingham, AL 35288

Regions Bank Consumer Collections Drawer 550 Post Office Box 11407 Birmingham, AL 35246-8651

Regions Consumer Bankcard P.O. Box 11007 Birmingham, AL 35288-0001

Sam's Club Mastercard c/o Synchrony Bank P.O. Box 965009 Orlando, FL 32896-5009

Walmart Credit Card c/o Synchrony Bank Post Office Box 965022 Orlando, FL 32896-5022

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Fill in this inf	ormation to ident	ify your case:			Check as	directed in lines	17 and 21:
Debtor 1	Margaret First Name	Alice Middle Name	Cartwright Last Name		According to Statement:	the calculations requir	ed by this
Debtor 2						able income is not dete	rmined
(Spouse, if filing)	First Name	Middle Name	Last Name			ible income is determin	ned
Jnited States Ba	nkruptcy Court for the:	MIDDLE DISTR	ICT OF FLORID	Α		1 U.S.C. § 1325(b)(3).	
Case number				_	3. The con	nmitment period is 3 ye	ears.
(if known)					4. The con	nmitment period is 5 ye	ears.
Official Form	122C-1				☐ Check if t	his is an amended filin	g
	Statement of Y	our Current	: Monthly Inc	come			
	tion of Commi						12
	Iculate Your Aver	-					
•	ried. Fill out Column A						
_	Fill out both Columns	A and B. lines 2-1	1.				
in the result.	the amount of your mo Do not include any inco hat property in one col-	ome amount more	than once. For ex	ample, if bot	th spouses own to the, write \$0 in the Column A	he same rental proper e space. Column B	
					Debtor 1	Debtor 2 or non-filing spouse	
•	rages, salary, tips, bo	nuses, overtime,	and commissions	;	\$0.00		
Alimony and	maintenance paymer	ts. Do not include	e payments from a	spouse.	\$0.00		
expenses of y regular contrib your depende	from any source whice you or your depender outions from an unmarrents, and room not include payments you	nts, including chil ied partner, memb mates. Do not inc	d support. Include ers of your househ	old,	\$0.00		
Net income for	rom operating a busir	ess, profession,	or farm				
		Debtor 1	Debtor 2				
Gross receipts deductions)	s (before all	\$0.00		-			
Ordinary and expenses	necessary operating •	\$0.00		- Copy			
Net monthly ir profession, or	ncome from a business	\$0.00		here →	\$0.00		

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Debtor 1 Debtor 2 Gross receipts (before all \$0.00 deductions) Ordinary and necessary operating - \$0.00 expenses Net monthly income from rental or other real property 7. Interest, dividends, and royalties 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you	Deb	tor 1	Margaret First Name	Alice Middle Na		wright Name	c	ase number (if k	nown)	
Debtor 1 Debtor 2 Gross receipts (before all deductions) Outlangy and necessary operating									Debtor 2 or	
Gross receipts (before all deductions) Ordinary and necessary operating — \$0.00 — expenses South property Net monthly income from rental or \$0.00 here → \$0.00 other real property Interest, dividends, and royalties South property Interest, dividends, and royalties Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	6.	Net	income from rental	and other rea	al property					_
Ordinary and necessary operating — \$0.00 — expenses Net monthly income from rental or other real property 7. Interest, dividends, and royalties \$0.00 8. Unemployment compensation \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:					Debtor 1	Debtor 2				
Ordinary and necessary operating				I	\$0.00					
Net monthly income from rental or so.00 here → \$0.00 here → \$0.00 Interest, dividends, and royalties \$0.00			•	operating -	\$0.00	_				
other real property 7. Interest, dividends, and royalties \$0.00 8. Unemployment compensation \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you. S0.00 For your spouse. 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Each of the separate page and put the social security income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Each of the separate page and put the social security income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. S600.00 Total awerage monthly income Part 2: Determine How to Measure Your Deductions from Income 2. Copy your total average monthly income from line 11. Calculate the marrial adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is in filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below.				operating			Сору			
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			-	rental or	\$0.00		here →	\$0.00		
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	7.	Inte	rest, dividends, and	royalties				\$0.00		
benefit under the Social Security Act. Instead, list it here: For you. So.00 For your spouse	8.	Une	mployment comper	sation				\$0.00		
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$600.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below.										
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Part 2: Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. Scalculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is not filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below.		F	or you			\$0.0	00_			
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12. Copy your total average monthly income from line 11. \$600.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is not filling with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below.	11.	Tota Calc	al amounts from sepa culate your total ave lines 2 through 10 fo	rate pages, if rage monthly or each colum	/ income.	3.	<u> </u>	\$600.00	+:	Total average
13. Calculate the marital adjustment. Check one: ✓ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total	Pa	art 2	Determine I	How to Me	asure Your De	ductions fron	n Income	•		
You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total	12.	Сор	y your total average	monthly inc	ome from line 11	•				\$600.00
You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total	13.	Cald	culate the marital ad	ljustment. C	heck one:					
			You are married and You are married and Fill in the amount of of you or your depet than you or your dep Below, specify the b necessary, list addit	d your spouse d your spouse the income li ndents, such a pendents. asis for exclu ional adjustm	is filing with you. is not filing with you sted in line 11, Co as payment of the ding this income a ents on a separate	ou. lumn B, that was N spouse's tax liabil nd the amount of	ity or the s	pouse's support (of someone other	
14. Your current monthly income. Subtract the total in line 13 from line 12. \$600.00			Total			T		\$0.00 Cop	y here 👈	_ \$0.00
	14.	You	r current monthly ir	ncome. Subt	ract the total in line	e 13 from line 12				\$600.00

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Deb	otor 1		argaret	Alice Middle Name	Cartwright Last Name		Case number (if known)		
45	0-1-								
15.			•	thly income for the y		·			\$600.00
	15a.	Cop	by line 14 here 👈						
		Mul	tiply line 15a by 12	? (the number of month	ns in a year).			X	12
	15b.	The	result is your curre	ent monthly income fo	or the year for thi	s part of the forn	m	····-	\$7,200.00
16.	Calc	culate	the median family	y income that applies	s to you. Follow	these steps:			
	16a.	Fill	in the state in whic	h you live.		Florida			
	16b.	Fill	in the number of p	eople in your househo	old	1	<u> </u>		
	16c.	Tof	find a list of applica	·	mounts, go onlir	e using the link	specified in the separate clerk's office.	<u>\$</u>	43,085.00
17.	How	/ do th	ne lines compare?	,					
	17a.			•	•		form, check box 1, <i>Disposable income</i> n of Your Disposable Income (Official F		
	17b.		11 U.S.C. § 1325		nd fill out Calci	ulation of Your	k box 2, <i>Disposable income is determir</i> Disposable Income (Official Form 12: above.		der
P	art 3	:	Calculate You	r Commitment Pe	eriod Under	11 U.S.C. § 1	325(b)(4)		
18.	Сор	y you	r total average mo	onthly income from I	ine 11				\$600.00
19.	that	calcul	-	ent period under 11 U			ot filing with you, and you contend deduct part of your spouse's		
	19a.	. If th	e marital adjustme	ent does not apply, fill	in 0 on line 19a.				\$0.00
	19b.	Sul	otract line 19a froi	m line 18.					\$600.00
20.	Calc	culate	your current mon	thly income for the y	ear. Follow the	ese steps:			
	20a.	Cop	y line 19b						\$600.00
		Mul	tiply by 12 (the nur	mber of months in a ye	ear).			Х	12
	20b.	The	result is your curre	ent monthly income fo	or the year for thi	s part of the form	n.	L	\$7,200.00
	20c.	Cop	by the median fami	ly income for your star	te and size of ho	usehold from lin	ne 16c		43,085.00
21.	How	do th	ne lines compare?	•					
	$ \overline{\mathbf{A}} $			e 20c. Unless otherw nitment period is 3 yea	-		top of page 1 of this form,		
				r equal to line 20c. Ui 4, <i>The commitment pe</i>			court, on the top of page 1		

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Debtor 1	Margaret First Name	Alice Middle Name	Cartwright Last Name	Case number (if known)
Part 4:	Sign Below	,		
By sig	ning here, under p	enalty of perjury I dec	lare that the information or	n this statement and in any attachments is true and correct.
v /s/	Margaret Alice	Cartwright	,	v
<i></i>	rgaret Alice Cartw			Signature of Debtor 2
Da	te 2/12/2016			Date
Da	te 2/12/2016			Date

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.